



USAID | SUDAN

FROM THE AMERICAN PEOPLE

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Subject: RFTOP 650-09-313 for:

SUDAN HEALTH TRANSFORMATION PROJECT – PHASE II (SHTP II)

To: IQC Holders under TASC III
From: Patrick Kollars, Contracting Officer USAID Sudan

Reference: Amendment Two of the Subject RFTOP

Dear Sirs/Madams

Enclosed is the question #42 and the related answer.

42. Under Maternal Health, VI. D. 5. (p 33), can USAID provide additional details to clarify the difference between points c). “safe delivery or basic emergency maternal and new born care”, and d) “maternal and newborn complications”.

Answer: For the purposes of this USAID activity as mentioned in the RFTOP in the context of Southern Sudan:

Essential Obstetric Care package:

Safe delivery is defined to include:

- clean delivery using infection prevention standards,
- partograph,
- active management of the third stage of labor (AMSTL), and
- essential/basic newborn care (drying, warming, clean cord care and immediate breast feeding).

Emergency Obstetric Care package (Basic) includes the elements of safe delivery, plus

- antibiotics,
- uterotonics,
- anticonvulsants,
- manual removal of the placenta,
- simple newborn resuscitation,

and, where possible

- manual vacuum extraction (MVA), and
- assisted delivery by vacuum extraction.

This implies having IV equipment and fluids, medications, infection prevention commodities and, where possible, MVA and vacuum extractors for delivery of a full term infant.

Mailing Address:
USAID
P.O. Box 699
Khartoum, Sudan

Pouch Address:
2200 Khartoum Place
Washington, DC 20521-2200

Courier Address:
USAID/Khartoum
ALGERAIFWEST (1/H) “Menshia”
Alhara Alooia (1/H) PLOT No.43/3
Khartoum, Sudan

Tel: +249-183-268755,
56/57
Fax+249-183-268758
www.usaidsudan.org

Obstetric Emergencies = Basic Emergency Obstetric Care.

Care of maternal and newborn complications = Basic Emergency Obstetric and Newborn Care.

Essential obstetric care = safe delivery, plus antenatal and postpartum care.

Related to the second question; for clarity, based upon above definitions c) on page 33 should refer to safe delivery only (not basic emergency care) and d) on page 33 should refer to basic emergency obstetric care that is defined to be the same as care of maternal and newborn complications.

Therefore USAID revises section c) and d) to read:

c) The proportion of facilities in focus counties upgraded to manage safe delivery and essential (basic) newborn care will increase to 20%.

d) The proportion of facilities in focus counties upgraded to manage maternal and newborn complications (basic emergency obstetric and newborn care) will increase to 20%.

The Offeror can propose the number for each category; d) facilities are more upgraded and require more supplies, equipment and advanced training of the skilled birth attendants. We assume that the USAID activity will proceed in a phased manner, building performance in safe delivery and then performance in basic emergency obstetric care.

End of Amendment 2

Sincerely,

Electronic sent via email

Patrick Kollars
Contracting Officer
USAID Sudan